Professional Licensing Agency 402 West Washington Street Room W072 Indianapolis, Indiana 46204



Michael R. Pence Governor of Indiana Nicholas W. Rhoad PLA Executive Director

Dental Instructor – Controlled Substance Registration Renewal

You may renew online at www.pla.in.gov or complete and mail this form with the renewal fee of \$60.00 to PLA. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this form is postmarked after 3/1/2015 you must include a \$50 late fee. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address						
Licensee Name	Registration N	· · · · · · · · · · · · · · · · · · ·		Ren	Renewal Fee \$60.00	
Street Address						
City	State Zip Code					
Phone Number	Email Address					
QUESTIONS						
1. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?					YES NO	
2. Since you last renewed, have you had any action, discipline or revocation on your DEA (U. S. Drug Enforcement administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?					YES NO	
LICENSEE AFFIRMATION						
I hereby swear or affirm under the penalties of perjury that I understand the State Board of Dentistry statutes and rules and have answered the questions true to the best of my knowledge.						
Signature of Licensee		Date (mont	h, day, year)			

Visit www.pla.in.gov for additional information regarding your license.

If you have any questions for the Indiana State Board of Dentistry please email pla8@pla.in.gov or call 317-234-2054.

FOR OFFICE USE ONLY				
Renewal Fee	Receipt No.	Date		